

Veterans' Benefits Survey

Dear Veteran: The California State Department of Veterans Affairs and veterans' advocates statewide want to know whether or not California's veterans are aware of and receiving all the benefits to which they may be entitled. Please help us by taking a few minutes to complete this survey. Thank you.

(If preferred, you may complete this survey online at www.cdva.ca.gov/survey)

1. ZIP Code (residence): _____ 2. Age: _____ 3. Gender: Male ___ Female ___
4. My primary mode of transportation is: (check one)
____ I drive my own vehicle. _____ I ride public transportation / taxi / van or medi-van service.
____ Family or friends drive me. _____ I walk.
5. About how far is it from your residence to the nearest VA facility, in miles? _____ miles.
6. Are you now receiving, or have you ever claimed or received VA benefits? _____ Yes _____ No
If "Yes," please check all that apply below and answer questions 7, 8 & 9. ← If "No," please skip to question 10.
- ____ Education or vocational rehabilitation. _____ Home loan guaranty.
____ Disability (either Compensation or Pension). _____ Medical or dental care.
____ Other (please specify) _____
7. Which statement most closely describes your own VA claims experience? (check one)
____ I filed and managed my own claim (including with the assistance of a friend or relative).
____ I received assistance from a veteran service organization (e.g., American Legion, DAV, VFW, etc).
____ I received assistance from a local County Veterans' Service Office.
____ I went to a VA facility and filed with a VA Claims Rep.
8. How often do you now interact with the VA?
____ Less than once per year
____ More than once per year, but less than once per month
____ Once per month or more often
9. When you now have a question about your VA benefits, which statement most closely describes what you do? (check one)
____ I make a telephone call to the VA's toll-free number.
____ I ask my veteran service organization Service Officer.
____ I ask my local County Veteran Service Office.
____ I go to the nearest VA facility.
____ I go online to the VA's website or another benefits website.
10. If you never filed for VA benefits, check the statement that most closely describes why:
____ I didn't know about veterans' benefits.
____ I knew about VA benefits but didn't know how to file **or** where to obtain claims assistance.
____ I knew about VA benefits but didn't have transportation to get to an assistance center.
____ I knew about VA benefits but didn't feel I was eligible.
____ I knew about VA benefits but chose not to file.
____ Disabilities prevented me from seeking claims assistance.
11. Which type of benefit assistance would be of most value to you today? (check up to 3 choices)
____ A toll-free telephone number. _____ Printed materials and claim forms sent to you.
____ Informational website(s). _____ Periodic benefit workshops in your area.
____ A permanent local assistance center. _____ Periodic mobile service from a van or motor home.
____ A personal visit to your residence from a benefits counselor.

Please turn this sheet over and continue.

12. How would you rate your present knowledge of veterans' benefits?

_____ Excellent _____ Good _____ Average _____ Below average _____ Nonexistent

13. Where did you get this survey?

_____ From a VA facility. _____ From an internet website.

_____ From a Veteran Service Organization. _____ By mail.

_____ From a County Veterans Service Office.

_____ Other (please specify) _____

When completed, please send this survey form to:

California Department of Veterans Affairs
Attn: Veterans Survey
P.O. Box 942895
Sacramento, CA 94295-0001

Thank you for your help.

Want information about your benefits?

Send us an e-mail at

vetservices@cdva.ca.gov